

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
10692391
APPLICANT(S)

FILING DATE
10-24-03

| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | CLAIMS | | | |
|--------------|-----|---------------------|-----|---------------------|-----|--------|-----|--------------|-----|
| | IND | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | | | 51 | |
| 2 | | | | | | | | 52 | |
| 3 | | | | | | | | 53 | |
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| 50 | | | | | | | | 100 | |
| TOTAL IND. | 2 | | | | | | | TOTAL IND. | |
| TOTAL DEP. | 1 | | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | 2 | | | | | | | TOTAL CLAIMS | |